

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

ORIGINAL

Illinois Commerce Commission
527 East Capitol Avenue
Post Office Box 19280
Springfield, Illinois 62794-9280

ILLINOIS
COMMERCE COMMISSION

APR 23 11 30 AM '01
CHIEF CLERK'S OFFICE

Regarding a complaint

by ALBERT D. CAIAFA
(Person making the complaint)

against COMMONWEALTH EDISON (COM ED)
(Utility name)

as to Upwarranted billing; over + above my electric bill
& a deposit request.
(Reason for complaint)

in ELK GROVE VLG Illinois.

For Commission Use Only:

Case 01-0341

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 1450 HAISE LN. ELK GROVE VLG. IL. 60007

The service address that I am complaining about is SAME AS ABOVE

My home telephone number is 847, 524-6398

Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at 847, 524-6398

COMMONWEALTH EDISON COMPANY (respondent) is a public utility and is subject to the provisions of
(Full name of utility company)
the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you think are involved with your complaint.

?

Have you contacted the Consumer Affairs Division of the Illinois Commerce Commission about this complaint? ☒ Yes ☐ No

Has your complaint filed with that office been closed?

?

☐ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed.

"SEE ATTACHED"

Please clearly state what you want the Commission to do in this case.

- ① THAT COMED AGREES THAT I AM "PAID IN FULL"
② TO REFUND \$1516.01 TO ME BECAUSE I WAS ORDERED BY THE CIRCUIT COURT OF COOK CNTY. TO PAY COMED ONLY \$661.21 WHICH I DID. ③ THAT NO DEPOSIT IS REQUIRED

Date: APRIL 18, 2001
(Month, day, and year)

Complainant's signature Albert D. Caiafa

If you will be represented by an attorney, please give the attorney's name, address, and telephone number.

You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must watch you fill out this part of the form.

I, ALBERT D. CAIAFA, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

Albert D. Caiafa
(Signature)

Subscribed and sworn/affirmed to before me this 18th day of April, 19 2001

Lynette L. Tenuta
Notary Public, Illinois

NOTE:

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.

